

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/518725

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		12				
4		②1				
5		1④				
6		①1				
7		1④				
8		④9				
9		1④				
10		①1				
11		1④				
12		①1				
13		1④				
14		①1				
15		1④				
16		①1				
17		1④				
18		①1				
19		1④				
20		①1				
21		1④				
22		①1				
23		1④				
24		①1				
25		1④				
26		①1				
27	1					
28		①1				
29		1				
30		1				
31		1				
32						
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	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
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